

CHILDREN'S ADMINISTRATION

FOSTER HOME REASSESSMENT

LOCAL OFFICE NAME		FULL CASE NUMBER	FULL CASE NUMBER			
FAMILY NAME ON LICENSE T		TELEPHONE NI IMBER				
FAMILY NAME ON LICENSE TELEPHONE NUMBER						
ADDRESS/DIRECTIONS		I				
	PURPOSE					
This form is used in lieu of the initial Foster simple update to that form and to reflect the during the licensing period.						
anning are accounting persons	USE					
The Foster Home Reassessment (DSHS 1 conjunction with the Home Inspection Chec Checklist (DSHS 10-182) (except that refer again.)	cklist for Foster Family Care Lie	censing (DSHS 10-183) and the	e Licensi			
Section A. Current License DATE LICENSE EXPIRES	INUMBER OF CHILDREN	AGE	ISEX			
Has there been any changes in the followi	ng factors:			YES	NO	
Family composition						
Family economy, including employment						
Physical aspects of the foster home						
Health of family members						
Behavior of family members						
Have there been foster child placement in t	he home					
Are there foster children in the home at this	s time					
If yes, number	and ages					
Comments or explanation of changes:						

Eva	luation of Foster Parents:	YES	NO
Are	e they able to use the agency appropriately		
Are	e they capable and consistent in handling the child's behavior		
Are	e they able to communicate with the worker		
Do	they relate positively to the child		
Do	they incorporate the child into their family		
Do	they individualize the needs of the child		
Do	they meet the child's emotional needs		
Do	they meet the child's physical needs, including medical and dental care		
Do	they meet the child's social needs		
Do	they extend themselves for the child		
Are	they honest with the worker about what is happening with the child		
Do	they allow the child a relationship with the worker		
Do	they allow the child a relationship with the natural parents		
Do	they report changes, injuries, unauthorized absences, etc. as required by WAC		
Hav	re they been able to work constructively in behalf of the child with schools, neighbors, doctors, etc.	1	
Hav	e they respected child/family's right to confidentiality		
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 Hav	ve there been any CPS or licensing violation complaints?		
a.	If so, were the complaints investigated and what were the outcome?		
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b.	If complaints were not investigated, why not?		
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What are the strengths and potential of this home? (Include type of child or problem which FH can best accept	and he	elp)
What are the limitations of this home? (Include type of child or problem which FH can least accept or help)		
Services Desired/Help Needed by the Foster Parents:		
	YES	NO
Has foster parent attended Fosterparentscope or PRIDE?		
f not, has attendance been discussed?		

Suggestions for future use: (or discontinuance of use, when appropriate) (Are there any changes in types and ages of children preferred and recommended?)						
Evaluation of Family: (licensing decisions, waivers, if any, restrictions)						
WORKER'S SIGNATURE/TITLE	UNIT	DATE OF COMPLETION				